

# TREE REMOVAL PERMIT APPLICATION \$25.00

NAME AND ADDRESS OF PROPERTY OWNER:

\_\_\_\_\_

BLOCK \_\_\_\_\_ LOT \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

Please complete the following:

1. Existing single family dwelling? Yes \_\_\_\_\_ No \_\_\_\_\_
2. Is this property a nursery or garden center? Yes \_\_\_\_\_ No \_\_\_\_\_
3. Is this property being used for a sanitary landfill operation or for surface mining? Yes \_\_\_\_\_ No \_\_\_\_\_
4. Is tree growing in a public right-of-way? Yes \_\_\_\_\_ No \_\_\_\_\_
5. Is the tree to be cut being used for firewood by owner? Yes \_\_\_\_\_ No \_\_\_\_\_
6. Is the tree dead, or likely to endanger life or property? Yes \_\_\_\_\_ No \_\_\_\_\_
7. Is the tree being removed in accordance with a "Management Plan" developed by the NJDEP, Bureau of Forestry, or other Professional forester? Yes \_\_\_\_\_ No \_\_\_\_\_
8. Will the tree be replanted within the Township? Yes \_\_\_\_\_ No \_\_\_\_\_
9. Has a site plan been approved by the Planning Board? Yes \_\_\_\_\_ No \_\_\_\_\_
10. Will the cut trees be located within 10 feet of the proposed lines of a building foundation? Yes \_\_\_\_\_ No \_\_\_\_\_
11. Are the trees located within the actual placement of driveways ? Yes \_\_\_\_\_ No \_\_\_\_\_

OFFICE USE ONLY

TREE REMOVAL PERMIT: YES \_\_\_\_\_ NO \_\_\_\_\_

ZONING OFFICER: \_\_\_\_\_ DATE: \_\_\_\_\_